

PERSONAL HISTORY STATEMENT

PERSONAL

The following information is requested of you for verification and contact purposes:

1. Your Name (please print or type)		
Last	First	Middle
Other Names (<i>Including nicknames</i>) you have used or been known by:		

2. Please list an address at which you can be contacted.				
Number	Street	City	State	Zip

3. Please list the local telephone number(s) at which you can be contacted.	() _____ Hrs. you can be contacted:	() _____ Hrs. you can be contacted:
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4. Please list your email address(s) and social networking account usernames.

5. Birthdate			6. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No
(Month)	(Day)	(Year)	

7. Social Security Number			(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)

8. For the purposes of identification, please provide the following:			
Height:	Weight:	Hair Color:	Eye Color:
Scars, tattoos, or other distinguishing marks:			

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RELATIVES & REFERENCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of police officer.

9. Please supply the appropriate information in the spaces provided below. If a category is not applicable write "N/A".		
Name of your	Address where person can be contacted (Include city, state, and zip code)	Telephone number and email address at which person can be contacted
Father:		
Mother:		
Father-in-law:		
Mother-in-law:		
Spouse:		
Former Spouse(s):		
Brother(s):		
Sister(s):		
Step-father:		
Step-mother:		
Step-brother(s):		
Step-sister(s):		
Children: (Please list all of your children, including step-children and adopted children ages 13 and older.)		

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RELATIVES AND REFERENCES

Continued

Other relatives with whom you have a close personal relationship with.		
Name and relationship	Address where person can be contacted (Include city, state, and zip code)	Telephone number and email address at which person can be contacted

10. Please list those individuals with whom you have resided below. Exclude family members.		
Name	Address where person can be contacted (Include city, state, and zip code)	Telephone number and email address at which person can be contacted

PERSONAL HISTORY STATEMENT

RELATIVES AND REFERENCES

Continued

11. In the space below, please list as references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.		
Name	Address where person can be contacted (Include city, state, and zip code)	Telephone number and email address at which person can be contacted

EDUCATION

<p>12. The Michigan Commission on Law Enforcement Standards requires a police officer to possess a U.S. high school diploma or its equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes.</p> <p><input type="checkbox"/> I possess a high school diploma from a U.S. institution.</p> <p><input type="checkbox"/> I passed the G.E.D. (General Education Development) test.</p> <p><input type="checkbox"/> I possess a two-year college degree.</p> <p><input type="checkbox"/> I possess a four-year college or university degree.</p> <p><input type="checkbox"/> I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows:</p> <p>When: _____</p> <p>How: _____</p>

PERSONAL HISTORY STATEMENT

EDUCATION

Continued

13. Please indicate below all the schools you have attended beginning with high school. During the background investigation, people who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of school	Location of school (City and State)	Date attended		School references (teachers, counselors, etc.)
		From Month/Year	To Month/Year	
		____/____	____/____	
		____/____	____/____	
		____/____	____/____	
		____/____	____/____	
		____/____	____/____	

14. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two and four year colleges, universities, and business/vocational schools – any formal education beyond high school level). If “yes”, please explain (include school, date, and circumstances).

☐ Yes

☐ No

PERSONAL HISTORY STATEMENT

EDUCATION

Continued

15. Are you currently a certified police officer?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", from what state? _____ Length of service: _____

16. Please list all MCOLES, EMPCO, or other testing scores.	17. If applicable, please list your academy rank and any honors/awards that you received while attending the academy.
MCOLES: _____ Other: _____ EMPCO: _____ Other: _____	Rank: _____ Awards: _____ Honors: _____

RESIDENCE

Individuals who have become acquainted with you by reason of your residing in different locations, are often helpful in providing useful information for the background investigation.

18. Please list all of your prior residences in chronological order beginning with your most current. If additional space is required please attach additional sheets.				
Address of residence	City, State, and Zip Code	Date		If rented, give name and address of person responsible for the collection of rent.
		From Month/Year	From Month/Year	
		____/____	____/____	
		____/____	____/____	
		____/____	____/____	
		____/____	____/____	
		____/____	____/____	
		____/____	____/____	

PERSONAL HISTORY STATEMENT

EXPERIENCE AND EMPLOYMENT

19. Please list your employment information beginning with your most current employment (including part-time, full-time, and voluntary positions. For the purpose of this Personal History Statement, volunteer work should be included as employment.) For identification and verification please indicate the name of the activity; i.e., part-time, full-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in the spaces provided. If additional space is required please attach additional sheets.

Dates of employment	Name, address, and telephone number of employer	Name of supervisor
<div style="display: flex; justify-content: space-between;"> <div>From Month/Year ____/____</div> <div>To Month/Year ____/____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><input type="checkbox"/> Full-time</div> <div><input type="checkbox"/> Part-time</div> </div> <div style="text-align: center; margin-top: 10px;"><input type="checkbox"/> Voluntary</div>		<div style="border-top: 1px solid black; padding-top: 5px;">Name(s) of co-worker(s)</div> <div style="margin-top: 10px;">a.) _____</div> <div style="margin-top: 5px;">b.) _____</div> <div style="margin-top: 5px;">c.) _____</div>
Title or duties (for identification purposes)		
Reason for leaving:		

<input type="checkbox"/> Military experience <input type="checkbox"/> Unemployed	Date	
	From Month/Year ____/____	To Month/Year ____/____

Dates of employment	Name, address, and telephone number of employer	Name of supervisor
<div style="display: flex; justify-content: space-between;"> <div>From Month/Year ____/____</div> <div>To Month/Year ____/____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><input type="checkbox"/> Full-time</div> <div><input type="checkbox"/> Part-time</div> </div> <div style="text-align: center; margin-top: 10px;"><input type="checkbox"/> Voluntary</div>		<div style="border-top: 1px solid black; padding-top: 5px;">Name(s) of co-worker(s)</div> <div style="margin-top: 10px;">a.) _____</div> <div style="margin-top: 5px;">b.) _____</div> <div style="margin-top: 5px;">c.) _____</div>
Title or duties (for identification purposes)		
Reason for leaving:		

<input type="checkbox"/> Military experience <input type="checkbox"/> Unemployed	Date	
	From Month/Year ____/____	To Month/Year ____/____

PERSONAL HISTORY STATEMENT

EXPERIENCE AND EMPLOYMENT

Continued

Dates of employment	Name, address, and telephone number of employer	Name of supervisor
From Month/Year To Month/Year ____/____ ____/____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Title or duties (for identification purposes)	Name(s) of co-worker(s)
		a.) _____ b.) _____ c.) _____
Reason for leaving:		

<input type="checkbox"/> Military experience <input type="checkbox"/> Unemployed	Date	
	From Month/Year ____/____	To Month/Year ____/____

20. Would any problem result if your present employer was contacted during the course of this background investigation?
<input type="checkbox"/> Yes <input type="checkbox"/> No If "no", when should such contact be made? _____

21. If you have had no prior employment, please explain in the space below.

22. Have you had any extended work absences for any reason other than earned vacations? If "yes", please explain (include when, name of employer, and why). <input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL HISTORY STATEMENT

EXPERIENCE AND EMPLOYMENT

Continued

23. Have you ever been fired or asked to resign from any place of employment? If "yes", please give details (include when, where, and the circumstances). ☐ Yes ☐ No

24. Have you ever applied to any law enforcement agency for a position requiring police officer powers? If "yes", list all agencies (use back of sheet if necessary). ☐ Yes ☐ No

25. Are you currently on any lists for employment as a police officer? If "yes", list all agencies (use back of sheet if necessary). ☐ Yes ☐ No

Military

26. If you are a male under age 26, please provide the following:

Selective service number	Approximate date of registration	Address at time of registration

27. Have you ever served in the armed forces, National Guard, or Military Reserves? If "yes", please supply the following information: ☐ Yes ☐ No

Branch of service	Service number	Date of service ____/____ to ____/____	Type of discharge

28. Are you currently participating in any Military Reserve or National Guard program? ☐ Yes ☐ No

PERSONAL HISTORY STATEMENT

MILITARY

Continued

29. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the Military, National Guard, or Military Reserve? If "yes", please give details (include branch of service, when, where, and the circumstances).

☐ Yes

☐ No

30. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Contact address	Contact telephone	Years known
			From: _____ to _____
			From: _____ to _____
			From: _____ to _____
			From: _____ to _____

FINANCIAL

31. The management of personal finances is relevant to an individual's qualification for the position of police officer. Therefore, please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations. Add lines A-C and write the sum on line D.

Current Monthly Income		Current Monthly Expenditures	
A	Monthly Salary: \$ _____	A	Real estate (mortgage) payment(s): \$ _____
B	Spouse's Salary: \$ _____	B	Rent: \$ _____
C	Other monthly income: \$ _____ Describe: _____	C	Other monthly payments: \$ _____ Describe: _____
D	Total monthly income: \$ _____	D	Total monthly expenditures: \$ _____

PERSONAL HISTORY STATEMENT

FINANCIAL

Continued

Current Assets
Savings: \$ _____
Checking: \$ _____
Real Estate: \$ _____
Stocks and Bonds: \$ _____
Life Insurance (cash value of whole life policy): \$ _____
Autos: \$ _____
Other Assets: \$ _____
Describe:
Total Assets: \$ _____

Current Liabilities
Real Estate Indebtedness: \$ _____
Long Term Loans: \$ _____
Charge Accounts: \$ _____
Other Liabilities: \$ _____
Describe:
Total Liabilities: \$ _____

32. Please supply more detailed information about your charge accounts, contracts, or other financial liabilities.		
Name of firm	Address	Account number

33. Have you ever filed or declared bankruptcy? If "yes", please give details (include when, where, and why). <input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL HISTORY STATEMENT

FINANCIAL

Continued

34. Have any of your bills been turned over to a collection agency? If "yes", please give details (include when, firms involved, and the circumstances). ☐ Yes ☐ No

35. Have you ever had purchased goods repossessed? If "yes", please give details (include when, firms involved, and the circumstances). ☐ Yes ☐ No

36. Have your wages ever been garnished? If "yes", please give details (include when, where, and why). ☐ Yes ☐ No

37. Have you ever been delinquent on income or other tax payments? If "yes", please give details (include when, where, and why). ☐ Yes ☐ No

LEGAL

38. If you have ever been arrested or convicted for any crime, please give the following information: (The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer this question).

Approximate date	Police agency	Circumstances

PERSONAL HISTORY STATEMENT

LEGAL

Continued

39. Have you ever been placed on court probation as an adult? If “yes”, please give details (include when, where, and why).

☐ Yes

☐ No

40. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? If “yes”, please give details (include when, where, and why).

☐ Yes

☐ No

41. Have you ever been reported to a law enforcement agency as a missing person or runaway? If “yes”, please give details (include date, law enforcement agency, and the circumstances).

☐ Yes

☐ No

42. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? If “yes”, please give details (include when, where, name and location of court, and the circumstances).

☐ Yes

☐ No

PERSONAL HISTORY STATEMENT

MOTOR VEHICLE OPERATION

Operation of a motor vehicle is an integral part of the position of police officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

43. Michigan driver's license number:	Expiration date:
Name under which the license was granted:	

44. Please list other states where you have been licensed to operate a motor vehicle.			
State:	State:	State:	State:
Name under which license was granted:	Name under which license was granted:	Name under which license was granted:	Name under which license was granted:

45. Have you ever been refused a driver's license by any state? If "yes", please explain (include when, where, and why). <input type="checkbox"/> Yes <input type="checkbox"/> No

46. Michigan law requires that operators and owners of motor vehicles be covered by automobile insurance or bond or deposit of \$35,000 with the Secretary of State. Therefore, please list the current liability insurance you have with your motor vehicle. If you are bonded or have deposited \$35,000 to meet your motor vehicle financial responsibility, please indicate. <input type="checkbox"/> Bond <input type="checkbox"/> \$35,000			
Company	Address	Policy number	Date of expiration

47. Please list all traffic citations that you have received.			
Name of violation	Location (City and State)	Approximate date	Indicate whether fined or action taken on driver's license

PERSONAL HISTORY STATEMENT

MOTOR VEHICLE OPERATION

Continued

48. Have you ever been involved as a driver in a motor vehicle accident? If "yes", please give details for each accident. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date:		Location:	
		<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Policy agency:	

Date:		Location:	
		<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Policy agency:	

Date:		Location:	
		<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Policy agency:	

Date:		Location:	
		<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Policy agency:	

Date:		Location:	
		<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Policy agency:	

49. Is there anything you wish to discuss about your driving record? If so, please use the space below to explain.	

50. Has your license ever been suspended, revoked, or placed on negligent operator's probation? If "yes", please give details (include what, when, where, and why). <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL HISTORY STATEMENT

GENERAL INFORMATION

51. Have you ever been refused insurance for any reason other than failure to pay a premium? If "yes", please explain (include company name and address, date, and reason). ☐ Yes ☐ No

52. Have you ever applied for a permit to carry a concealed weapon?

If "yes", please provide the following information:

☐ Yes

☐ No

Permit granted? ☐ Yes

☐ No

Date:

Name of law enforcement agency:

Purpose:

53. Describe the frequency and extent of your use of alcohol.

54. Have you ever tried or used any illegal narcotics or dangerous drugs, either in pill form, by injection, or by any other manner of ingestion? If "yes", please explain (include type of drug(s), month/year of last use, and amount of times used).

☐ Yes

☐ No

55. Have you ever sold or furnished drugs or narcotics to anyone? If "yes", explain in detail.

☐ Yes

☐ No

PERSONAL HISTORY STATEMENT

GENERAL INFORMATION

Continued

56. In the space provided below, please tell us why you want to be a Huron Township police officer.

I hereby certify that all statements made in this Personal History Statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.	
Signature in full:	Date completed: